

# MISHAWAKA PARKS AND RECREATION

904 N. Main St.  
Mishawaka, IN 46545  
PH: 574.258.1664 FX: 574.258.1736

## YOUTH ACTIVITY REGISTRATION FORM

(1 Child Per Form, Please)

### PARENT'S INFORMATION (Please Print)

Parent's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt. No.: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work or Other: \_\_\_\_\_ Email: \_\_\_\_\_

### CHILD'S INFORMATION (Please Print)

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

(If different than above Parent's)

Apt. No.: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of an emergency, please list the name, relationship and phone number of the person to call:

Name	Relationship	Phone Number
_____	_____	( ) _____

### CHOOSE A SPORT/ACTIVITY (Please Check One):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Youth Girls Track [YGTR]     | <input type="checkbox"/> Youth Boys Track [YBTR]    | <input type="checkbox"/> Youth Girls Basketball [YGBB] |
| <input type="checkbox"/> Youth Boys Basketball [YBBB] | <input type="checkbox"/> Youth Volleyball [YVBL]    | <input type="checkbox"/> Youth Wrestling [WRES]        |
| <input type="checkbox"/> Youth Tackle Football [YTFB] | <input type="checkbox"/> Youth Flag Football [FLFB] | <input type="checkbox"/> Special Event [Code: _____]   |
| <input type="checkbox"/> Swim Lessons [SWIM]          | <input type="checkbox"/> Skate Lessons [SKLS]       | <input type="checkbox"/> Other Event [Code: _____]     |
| Session # _____ & Dates _____                         | Session # _____ & Dates _____                       |  |

### NO REFUNDS ON REGISTRATION FEES

### CHOOSE A SHIRT SIZE (NOTE: This is not applicable for all Sports/Activities):

- ☐ YSML ☐ YMED ☐ YLRG ☐ AMED ☐ ALRG

FOR OFFICE USE ONLY: ☐ Cash ☐ Check # \_\_\_\_\_ ☐ Money Order # \_\_\_\_\_  
Receipt # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

PLEASE COMPLETE BOTH SIDE OF FORM, INCLUDING WAIVER & RELEASE



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## WAIVER & RELEASE

Please read this form carefully and be aware that in registering your child and his/her participation in this program you will be waiving and releasing all claims for injuries said child might sustain arising out of this program.

As the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury as a result of my child's participation in this activity. By my signature below, I hereby consent to my child's participation in any and all activities associated with this program, and hereby acknowledge and agree as follows:

- To assume the full risk of any injuries, including death, damages, or loss which the participant may sustain;
- To waive and relinquish all claims that I or the participant may have against the City of Mishawaka, the Mishawaka Parks & Recreation Department, or any related or associated entities or employees as a result of my child participating in this program;
- To indemnify and hold harmless and defend the City of Mishawaka, the Mishawaka Parks & Recreation Department or any related or associated entities or employees from any and all claims as a result of my child's participation in this program; and, furthermore,
- I do hereby fully release and discharge the City of Mishawaka, the Mishawaka Parks & Recreation Department or any related or associated entities or employees from any and all claims from injuries, including death, damage, or loss sustained as a result of my child's participation in this program.

I have read and fully understand the above and that **"THIS IS A RELEASE"**.

\_\_\_\_\_  
Printed Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

